

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* 51	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
2							52		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4								
TOTAL DEF.	5	↓	↓	↓					
TOTAL CLAIMS	9	████	████	████	████				